

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155653</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>07/09/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LAKE COUNTY NURSING AND REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5025 MCCOOK AVE</b> <b>EAST CHICAGO, IN 46312</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00126777 and IN00126780, investigated on April 12, 2013.</p> <p>This visit was done in conjunction with the PSR to the Recertification and State Licensure Survey completed on May 9, 2013. This visit was also done in conjunction with the PSR to the Investigation of Complaint IN00127926 investigated on May 9, 2013.</p> <p>Complaint IN00126777: Corrected.</p> <p>Complaint IN00126780: Corrected.</p> <p>Survey dates: July 8 &amp; 9, 2013</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Survey Team: Heather Tuttle, RN. TC Lara Richards, RN. Cynthia Stramel, RN. Caitlyn Doyle, RN. 7/9/13</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 10 Medicaid: 64 Total: 74</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1  Lake County Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2.  Quality review completed on July 9, 2013, by Janelyn Kulik, RN.	{F 000}			